CORPOFORTE
Praktijk voor (sport) Fysio- & Manueel Therapie

Eerste Tochtweg 76d
2913 LP Nieuwerkerk
aan den IJssel

T: (010) 22 22 363
E: info@corpoforte.nl
W: www.corpoforte.nl

NL42ABNA0806512318
K.v.K. 70439230

Name: Date of Birth:

Phone Number: Email Address:

We ask you to declare your awareness of the following requests and practice rules.

GDPR (General Data Protection Regulation)

Corpoforte will handle your personal and medical data confidentially. Sensitive data will not be shared with third parties without your consent.

Cancellation Policy

In case of inability to attend, please notify us at least 24 hours prior to your appointment, otherwise treatment fees will be charged. These costs cannot be reimbursed by your health insurer. You can cancel your appointment in a timely manner by phone (010 - 22 22 363), email (info@corpoforte.nl), and/or WhatsApp (06 - 28 79 60 59).

Payment Terms

You will receive an invoice after your treatment if you are not (any longer) entitled to reimbursement from your health insurer. You are required to settle this invoice immediately after treatment at the front desk in cash or by card.

You may receive an invoice from Corpoforte by post or email if:

- Corpoforte does not have a healthcare contract with your health insurer;
- you have canceled an appointment less than 24 hours in advance;
- You are responsible for settling this invoice with Corpoforte within 14 days. If you believe you are entitled to reimbursement from your health insurer, you must submit this invoice yourself.

Patient Satisfaction Survey

Corpoforte is obligated, under various healthcare contracts with insurers, to participate in a patient satisfaction survey. As a client of Corpoforte, you may be invited to participate via email. Corpoforte has no control over the questions, composition, or invitation of this survey. The data collected is completely anonymous but is essential for our practice. We appreciate your willingness to participate. If you are unwilling to participate, please indicate below.

☐ I object to participating in the patient satisfaction survey

Emails with Relevant Patient Information

These emails contain only practice-related information, such as information about healthcare insurance contracts, which may affect the care you receive from us. Corpoforte only sends messages that are relevant for you as a patient regarding matters within the physiotherapy practice. Corpoforte does not use email for advertising purposes. If you do not agree to receive emails with relevant patient information, please indicate below.

☐ I object to receiving emails

Retention Period of Records

Corpoforte adheres to the legal term for retaining your medical data and records, which is 20 years.

By signing below, I declare that I am aware of and agree to the above practice rules.

Date: Signature: